

## WORKPLACE SUPERVISOR'S REPORT FOR WORK EXPERIENCE PLACEMENT

Please complete the following form and return by post, fax or email to the contact address provided. The information contained in this report will be used as part of the student's final assessment.

Name of supervisor: \_\_\_\_\_

ID Number: \_\_\_\_\_

Appointed by (Company/Institution): \_\_\_\_\_

Report of work undertaken as part of work experience placement by the student:

Surname, name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Faculty/School: \_\_\_\_\_

Degree programme: \_\_\_\_\_

Work placement period (start/end dates): \_\_\_\_\_

Total number of hours worked: \_\_\_\_\_

I certify that the work undertaken by the student during the placement period was in keeping with the terms of the learning and training project and hereby submit the following assessment of his/her performance during that time:

EXCELLENT    VERY GOOD    GOOD    AVERAGE    UNSATISFACTORY

**Quality of prior learning**

**Fulfilment of duties and work timetable**

**Iniciative**

**Level of effort**

**Quality of work**

**Problem-solving ability**

**Level of skills demonstrated**

**Involvement and engagement with company/institution**

**NOTES AND COMMENTS:**

Additional pages attached

A Coruña,

Signed: \_\_\_\_\_

DEAN OF THE FACULTY/SCHOOL OF \_\_\_\_\_